

## Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning, 2001, and ending, 20

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type  
See  
specific  
instruc-  
tionsPolice Protective Fund  
1114 West 7th Street, Suite 3  
Austin, TX 78703

## D Employer Identification Number

74-2864446

## E Telephone number

512/476-1042

## F Accounting method

☐ Cash☒ Accrual☐ Other (specify) \_\_\_\_\_Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If yes enter number of affiliates \_\_\_\_\_

H (c) Are all affiliates included? ☐ Yes ☐ No

(If no attach a list See instructions)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit group GEN \_\_\_\_\_

M Check ☒ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

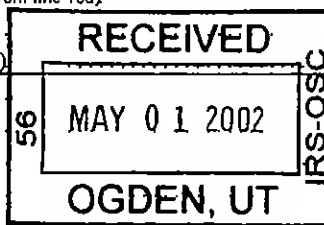
## G Website N/A

J Organization type  
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than  
\$25,000. The organization need not file a return with the IRS, but if the organization  
received a Form 990 Package in the mail, it should file a return without financial data.  
Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,880,615

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received		1a 2,880,162		1d 2,880,162	
a Direct public support		1b		2	
b Indirect public support		1c		3	
c Government contributions (grants)				4 20	
d Total (add lines 1a through 1c) (cash \$ 2,880,162 noncash \$ )				5	
2 Program service revenue including government fees and contracts (from Part VII, line 93)				6a	
3 Membership dues and assessments				6b	
4 Interest on savings and temporary cash investments				6c	
5 Dividends and interest from securities				7	
6a Gross rents					
b Less rental expenses					
c Net rental income or (loss) (subtract line 6b from line 6a)					
7 Other investment income (describe _____)					
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
b Less cost or other basis and sales expenses		8a			
c Gain or (loss) (attach schedule)		8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8c		8d	
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a			
b Less direct expenses other than fundraising expenses		9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10a Gross sales of inventory, less returns and allowances		10a			
b Less cost of goods sold		10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
11 Other revenue (from Part VII, line 103)				11 433	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 2,880,615	
13 Program services (from line 44, column (B))				13 189,113	
14 Management and general (from line 44, column (C))				14 73,231	
15 Fundraising (from line 44, column (D))				15 2,525,271	
16 Payments to affiliates (attach schedule)				16	
17 Total expenses (add lines 16 and 44, column (A))				17 2,787,615	
18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 93,000	
19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 137,988	
20 Other changes in net assets or fund balances (attach explanation) See Statement 1				20 -13,080	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 217,908	



**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24	20,573	20,573		
25 Compensation of officers, directors, etc.	25	121,019	84,713	36,306	
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28	309	216	93	
29 Payroll taxes	29	9,423	6,596	2,827	
30 Professional fundraising fees	30	2,525,271			2,525,271
31 Accounting fees	31	2,728	1,909	819	
32 Legal fees	32	1,168	818	350	
33 Supplies	33	1,643	1,150	493	
34 Telephone	34	3,163	2,214	949	
35 Postage and shipping	35	7,518	5,263	2,255	
36 Occupancy	36	4,050	2,835	1,215	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	21,757	15,230	6,527	
39 Travel	39	3,614	2,530	1,084	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	704	493	211	
43 Other expenses not covered above (itemize)					
a Bank fees	43a	140	98	42	
b Contract labor	43b	61,478	43,035	18,443	
c Licenses and permits	43c	1,480	1,036	444	
d Miscellaneous	43d	1,577	404	1,173	
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,787,615	189,113	73,231	2,525,271

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_ and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? See Statement 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) &amp; (4) organizations &amp; section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)

a <u>See Statement 3</u>				
(Grants and allocations \$ _____)				189,113
b				
(Grants and allocations \$ _____)				
c				
(Grants and allocations \$ _____)				
d				
(Grants and allocations \$ _____)				
e Other program services (Grants and allocations \$ _____)				
f Total of Program Service Expenses (should equal line 44, column (B), program services)				189,113

**Part IV Balance Sheets** (See instructions)**Note** Where required, attached schedules and amounts within the description column should be for end of year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash — non-interest bearing	36,888	45	111,553
	46 Savings and temporary cash investments		46	1,891
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a 10,551		
	b Less allowance for doubtful accounts	51b	51c	10,551
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 98,595	54	85,515
	55a Investments — land, buildings, & equipment basis	55a		
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 11,929			
b Less accumulated depreciation (attach schedule) <b>Statement 4</b>	57b 705	57c	11,224	
58 Other assets (describe <b>See Statement 5</b> )		58	1	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	140,198	59	220,735	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	569	60	2,827
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe )	1,641	65	
66 <b>Total liabilities</b> (add lines 60 through 65)	2,210	66	2,827	
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow 5FA5 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	137,988	67	217,908
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow 5FA5 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	137,988	73	217,908
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	140,198	74	220,735

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited  
Financial Statements with Revenue  
per Return (See instructions )**

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
------------------	---

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	2,867,535	<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	2,787,615
<b>b</b>	Amounts included on line a but not on line 12, Form 990			<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$ -13,080			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	-13,080		Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	2,880,615	<b>c</b>	Line a minus line b	<b>c</b>	2,787,615
<b>d</b>	Amounts included on line 12, Form 990 but not on line a			<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)			(2)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>			Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	2,880,615	<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	2,787,615

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated, see instructions )
---------------	--

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes ' attach schedule – see instructions

► ☐ Yes

☒ No

**Part VI Other Information** (See specific instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
<b>b</b> If 'Yes,' enter the name of the organization <u>See Statement 7</u> _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions	81a	0
<b>b</b> Did the organization file Form 1120-POL for this year?	81b	X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes,' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	87a	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b> List the states with which a copy of this return is filed <u>See Statement 8</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	3
<b>91</b> The books are in care of <u>David Dierks</u> Telephone number <u>512/476-1042</u> Located at <u>1114 West 7th Street, Ste 3, Austin, TX</u> ZIP + 4 <u>78703</u>		
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	20	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b Miscellaneous			1	433	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				453	
105 Total (add line 104, columns (B), (D), and (E))					453

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If 'Yes' to (a), file Form 8870 and Form 721 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

25 APRIL 02

Date

FINANCIAL OFFICER

**Schedule A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

Supplementary Information - (see separate instructions)

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

**2001**

Name of the Organization

Police Protective Fund

Employer Identification Number

74-2864446

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	





**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,787,722	1,362,961	516,117		3,666,800
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	993	1,018	123		2,134
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 9.	645				645
23 Total of lines 15 through 22	1,789,360	1,363,979	516,240		3,669,579
24 Line 23 minus line 17	1,789,360	1,363,979	516,240		3,669,579
25 Enter 1% of line 23	17,894	13,640	5,162		

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24

26a 73,392

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

26b

c Total support for Section 509(a)(1) test. Enter line 24, column (e).

26c 3,669,579

d Add Amounts from column (e) for lines 18 2,134 19 22 645 26b

26d 2,779

e Public support (line 26c minus line 26d total)

26e 3,666,800

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26f 99.92%

27 Organizations described on line 12 N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 16 17 20 21

27c

d Add Line 27a total and line 27b total

27d

e Public support (line 27c total minus line 27d total)

27e

f Total support for section 509(a)(2) test. Enter amount from line 23 column (e) 27f

27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27h %

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions)  
(To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

Yes	No

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

Yes	No

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

Yes	No

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)

-----  
-----  
-----

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

Yes	No

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

Yes	No

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

Yes	No

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

Yes	No

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)

-----  
-----

33 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

33a

Yes	No

b Admissions policies?

33b

Yes	No

c Employment of faculty or administrative staff?

33c

Yes	No

d Scholarships or other financial assistance?

33d

Yes	No

e Educational policies?

33e

Yes	No

f Use of facilities?

33f

Yes	No

g Athletic programs?

33g

Yes	No

h Other extracurricular activities?

33h

Yes	No

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

-----  
-----  
-----

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a

Yes	No

b Has the organization's right to such aid ever been revoked or suspended?

34b

Yes	No

If you answered 'Yes' to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If 'No,' attach an explanation

35

Yes	No

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
(To be completed Only by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table —		
<b>If the amount on line 40 is —</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is —</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720		

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 )

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount

a Volunteers

b Paid staff or management (include compensation in expenses reported on lines c through h )

c Media advertisements

d Mailings to members, legislators, or the public

e Publications, or published or broadcast statements

f Grants to other organizations for lobbying purposes

g Direct contact with legislators, their staffs, government officials, or a legislative body

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i Total lobbying expenditures (add lines c through h )

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

BAA

Schedule A (Form 990 or 990-EZ) 2001



2001

## Federal Statements

Page 1

Client 50056956

Police Protective Fund

74-2864446

4/18/02

10 46AM

Statement 1  
Form 990, Part I, Line 20  
Other Changes in Net Assets or Fund Balances

Unrealized loss on investments	\$ -13,080
Total	\$ -13,080

Statement 2  
Form 990, Part III  
Organization's Primary Exempt Purpose

Promote effective and safe law enforcement

Statement 3  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Providing assistance to members of law enforcement, by providing death-benefit insurance, as well as promoting effective law enforcement and increasing officer safety awareness through education		189,113
	\$ 0	\$ 189,113

Statement 4  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum Deprec	Book Value
Automobiles / Transportation Equipment	\$ 7,792	\$ 130	\$ 7,662
Machinery and Equipment	4,137	575	3,562
Total	\$ 11,929	\$ 705	\$ 11,224

Statement 5  
Form 990, Part IV, Line 58  
Other Assets

Rounding	1
Total	\$ 1

2001

## Federal Statements

Page 2

Client 50056956

Police Protective Fund

74-2864446

4/18/02

10 46AM

**Statement 6**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Walter Oierks 827 Jami Court Lawrenceville, GA 30245	Director Volunteer	\$ 0	\$ 0	\$ 0
David Oierks 2829 Shoal Crest Ave Austin, TX 78705	Financial Offic 20	50,500	0	0
Phil LeConte 1114 West 7th Street #2 Austin, TX 78703	Executive Offic 20	50,250	0	0
June Mellon 12118 Black Angus Drive Austin, TX 78727	Admin Officer 20	20,333	0	0
Total		<u>\$ 121,083</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Statement 7**  
**Form 990, Part VI, Line 80b**  
**Related Organizations**

<u>Name of Organization</u>	<u>Exempt</u>	<u>Nonexempt</u>
Junior Police Academy	X	
National Assn of Veteran Police Officers	X	

**Statement 8**  
**Form 990, Part VI, Line 90a**  
**List of States which this Return is Filed**

AZ, AL, CT, IL, IN, KS, MD, MA, MS, NH, NJ, NM, NY, NC, RI, VA, OH

**Statement 9**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

<u>Description</u>	<u>(a) 2000</u>	<u>(b) 1999</u>	<u>(c) 1998</u>	<u>(d) 1997</u>	<u>(e) Total</u>
Other Revenue	\$ 645	\$ 0	\$ 0	\$ 0	\$ 645
Total	<u>\$ 645</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 645</u>